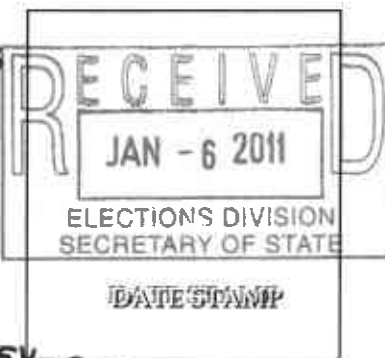


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Committee FRIENDS of KEVIN BlackwellAddress 4105 JESSICA DRIVETelephone 901 412 0431 Fax 662 893-5868Treasurer Kevin Blackwell Email kblackwell@disradology.com☒ Check here if above is different from previous reportTYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X   January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

     Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$120.00	\$ 120	\$ 120
Total amount of disbursements \$	+\$17.50	\$ 17.50	\$ 17.50
Total amount of cash on hand		\$102.50	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]  
Signature of Director or Treasurer

1/3/2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

FRIENDS OF KEVIN BLACKWELL

Reporting period

JAN 1 2010

through

Dec 31 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BANCORP SOUTH</u>		
Mailing Address		\$
<u>7125 Airways P.O. Box 38</u>	<u>12 / 19 / 10</u>	<u>17.50</u>
City, State, Zip Code		\$
<u>SOUTHAVEN, MS 38637</u>	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>BAK FEES</u>		<u>17.50</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u>  /  /  </u>	
City, State, Zip Code		\$
	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u>  /  /  </u>	
City, State, Zip Code		\$
	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u>  /  /  </u>	
City, State, Zip Code		\$
	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u>  /  /  </u>	
City, State, Zip Code		\$
	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
	<u>  /  /  </u>	
City, State, Zip Code		\$
	<u>  /  /  </u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$